

CLAIMS ONLY						Application Number 105216986	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED	AFTER FIRST AMENDMENT	AFTER SECOND AMENDMENT			*	*
	Indep	Depend	Indep	Depend	Indep	Indep	Depend
1						51	
2						52	
3						53	
4						54	.
5						55	.
6						56	.
7						57	.
8						58	.
9						59	.
10						60	.
11						61	.
12						62	.
13						63	.
14						64	.
15						65	.
16						66	.
17						67	.
18						68	.
19						69	.
20						70	.
21						71	.
22						72	.
23						73	.
24						74	.
25						75	.
26						76	.
27						77	.
28						78	.
29						79	.
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
Total Indep						Total Indep	
Total Depend						225	
Total Claims						27	